SERIAL NO. 09/392817   FILING DATE 9-9-99

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.	4					
TOTAL DEP.	46					
TOTAL	50					

CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/	/				
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100						
TOTAL IND.	3					
TOTAL DEP.	23					
TOTAL	26					